

# **Washoe County Health District Community & Clinical Health Services Sexual Health (HIV/STD) Program**

## **2009 Annual Sexual Health (HIV/STD) Report**



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The contents of this report are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention, the Department of Health and Human Services Public Health Service or the Nevada State Health Division.

## **SEXUAL HEALTH PROGRAM**

### **Mandates:**

**NRS: 201.205, 201.354, 201.356, 201.366, 201.358, 209.385, 389.065, 441A.120, 441A.125, 441A.130, 441A.150, 441A.160, 441A.170, 441A.180, 441A.220, 441A.230, 441A.240, 441A.250, 441A.260, 441A.270, 441A.280, 441A.290, 441A.300, 441A.310, 441A.320, 441A.330**

## **SEXUAL HEALTH PROGRAM MISSION AND DESCRIPTION**

*To provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.*

The Sexual Health Program utilizes resources to promote positive outcomes associated with reproductive and sexual health including the prevention of HIV, sexually transmitted diseases (STDs), and unintended pregnancy across the lifespan. Outcomes are based on best practices in direct services and prevention activities that are data driven and client centered.

The Sexual Health Program carries the values of rights, respect, and responsibility.

The community has:

- The RIGHT to balanced, accurate, and realistic sexual health education and confidential, affordable sexual health services;
- The RESPECT of individual assets and experiences that are a part of the planning, implementation, and evaluation of sexual health programs and services; and
- The RESPONSIBILITY for individuals to make the link between sexuality and values and to protect their health as well as the health of others. The Sexual Health Program is responsible for providing individuals and the community the tools necessary to act responsibly, including information, services, and input into programs and services.

## **HIV ACTIVITIES**

HIV activities are related to prevention, testing, and surveillance. These include:

- Collecting statistical data regarding HIV infections/AIDS cases and risk-related behaviors;
- Providing information, counseling, and referrals for individuals living with HIV infection;
- Providing HIV counseling and testing services in the community;
- Educating the community about risk reduction as it relates to HIV infection;
- Leading the Northern Nevada Outreach Team to coordinate counseling, testing, and prevention intervention in non-traditional venues;
- Providing leadership and technical assistance to community based organizations and agencies;
- Participating in HIV prevention community planning and care recommendations through participation in the Northern Nevada HIV Planning Council;
- Proceed in role as fiscal agent for federal HIV Prevention funds subgranted through the Nevada State Health Division;
- Evaluating HIV prevention programs within the community; and
- Partner notification, testing, and referrals to social and health-care services.

\*Within this document, high-risk individuals are defined as those people who fall into one or more of the following categories: Men who have Sex with Men (MSM), sex partners of MSMs, Injecting Drug Users (IDUs), sex partners of IDUs, those who present with opportunistic infections, HIV positive contacts, sexual assault victims, pregnant women, those asking for an HIV test, and individuals presenting with a concurrent sexually transmitted disease.

## **STD ACTIVITIES**

The STD Program conducts prevention, testing, and surveillance activities. These services include:

- Screening and testing for STDs including HIV;
- Hepatitis A and B vaccinations;
- Diagnosis and treatment;
- Information, counseling and referrals;
- Prevention education; and
- Participation in the Region IX Infertility Prevention Project.

# SURVEILLANCE REPORTING

## HIV/AIDS

Effective 2005, the definition of "HIV Infection" was modified to exclude those who are AIDS-diagnosed at the time of testing or within the same calendar year as the HIV diagnosis. Methods were changed in order to prevent duplicate reporting of the same case as both HIV and AIDS.

**Table 1 – HIV Infections (Not AIDS) Reported, January 1, 2009– December 31, 2009**

Gender	Reported HIV Cases (not yet AIDS)	New Cases in 2009 (HIV not yet AIDS)				Cumulative Cases
		January-June	July-December	Total	%	%
Gender	Male	8	12	20	80%	85%
	Female	2	3	5	20%	15%
	<b>Total Adults</b>	<b>10</b>	<b>15</b>	<b>25</b>	<b>100%</b>	<b>100%</b>
Race/Ethnicity	White	10	8	18	72%	75%
	Black	0	2	2	8%	12%
	Hispanic	0	3	3	12%	10%
	Asian	0	0	0	0%	0%
	American Indian/Alaskan Native	0	2	2	8%	1%
	Other/Not Identified	0	0	0	0%	1%
	<b>Total</b>	<b>10</b>	<b>15</b>	<b>25</b>	<b>100%</b>	<b>100%</b>
Exposure Categories	Men who have sex with men	8	10	18	72%	53%
	Injecting drug use	0	0	0	0%	11%
	Men who have sex with men/IDU	0	0	0	0%	9%
	Hemophilia/coagulation disorder	0	0	0	0%	0%
	Heterosexual contact	0	2	2	8%	8%
	Heterosexual contact with known HIV+ partner (reporting category as of 2009)	2	3	5	20%	0%
	Receipt of blood transfusion/products	0	0	0	0%	0%
	Other/Not Identified	0	0	0	0%	18%
	<b>Adult/Adolescent Totals</b>	<b>10</b>	<b>15</b>	<b>25</b>	<b>100%</b>	<b>100%</b>
	Ped. cases (parent with/at risk for HIV infection)	0	0	0	0%	0%
	<b>Total</b>	<b>10</b>	<b>15</b>	<b>25</b>	<b>100%</b>	<b>100%</b>
Ages	Ages 0-18	0	0	0	0%	1%
	Ages 19-24	3	4	7	28%	15%
	Ages 25-39	6	6	12	48%	59%
	Ages 40 and over	1	5	6	24%	25%
	<b>Total</b>	<b>10</b>	<b>15</b>	<b>25</b>	<b>100%</b>	<b>100%</b>

Source: eHARS Database

**Table 2 – AIDS Cases Reported, January 1, 2009 – December 31, 2009**

Four of the reported AIDS cases, between January 2009 - June 2009 and an additional three cases from July – December 2009 were also a new HIV diagnosis during the same period.

Gender	Reported AIDS Cases	New Cases in 2009				Cumulative Cases
		January-June	July-December	Total	%	%
Gender	Male	10	10	20	83%	92%
	Female	1	3	4	17%	8%
	<b>Total</b>	<b>11</b>	<b>13</b>	<b>24</b>	<b>100%</b>	<b>100%</b>
Race/Ethnicity	White	9	11	20	83%	76%
	Black	1	0	1	4%	9%
	Hispanic	0	2	2	8%	13%
	Asian/Pacific Islander	1	0	1	4%	1%
	American Indian/Alaskan Native	0	0	0	0%	1%
	Other/Not Identified	0	0	0	0%	0%
	<b>Total</b>	<b>11</b>	<b>13</b>	<b>24</b>	<b>100%</b>	<b>100%</b>
Exposure Categories	Men who have sex with men	9	7	16	67%	65%
	Injecting drug use	0	3	3	13%	9%
	Men who have sex with men/IDU	0	1	1	4%	7%
	Hemophilia/coagulation disorder	0	0	0	0%	0%
	Heterosexual contact	1	2	3	13%	6%
	Heterosexual contact with known HIV+ partner (reporting category as of 2009)	0	0	0	0%	0%
	Receipt of blood transfusion/products	0	0	0	0%	2%
	Other/Not Identified	0	0	0	0%	11%
	Adult/Adolescent Totals	<b>10</b>	<b>13</b>	<b>23</b>	96%	100%
	Ped. cases (parent with/at risk for HIV infection)	1	0	1	4%	0%
	<b>Total</b>	<b>11</b>	<b>13</b>	<b>24</b>	<b>100%</b>	<b>100%</b>
Ages	Ages 0-18	1	0	1	4%	1%
	Ages 19-24	0	1	1	4%	4%
	Ages 25-39	3	5	8	33%	51%
	Ages 40 and over	7	7	14	58%	45%
	<b>Total</b>	<b>11</b>	<b>13</b>	<b>24</b>	<b>100%</b>	<b>100%</b>

Source: eHARS Database

### **Out-of-Jurisdiction HIV Cases**

Staff was involved in case surveillance of out-of-county and/or out-of-state HIV cases. When reviewed, these cases were determined to be previously reported in jurisdictions outside Washoe County. The following information resulted from their efforts:

**Table 3 – HIV Infections Out-of-Jurisdiction, January 1, 2009 – December 31, 2009**

<b>Original Reporting Jurisdiction</b>	<b>January-June</b>	<b>July-December</b>	<b>Total 2009</b>
Arizona	1	1	2
California	4	8	12
Colorado	1		1
Florida	1	2	3
Ohio	1		1
Tennessee	1		1
Texas	1	4	5
Massachusetts		1	1
Washington		1	1
New Mexico		1	1
Montana		1	1
Indiana		1	1
<b>Total</b>	<b>10</b>	<b>20</b>	<b>30</b>

Source: eHARS Database

### **Reported HIV Infection Sources**

The WCHD reports all HIV seropositive and viral load test results with patient name and demographics to the State's HARS staff. County and State HARS personnel work closely to insure proper and confidential record keeping. A new HARS database was implemented at the end of 2008 that will allow for real-time reporting to NVHD. Table 4 represents the number and provider source of newly reported HIV infections during the year, while Table 5 provides the provider and number of newly reported AIDS cases. Data from Tables 4 and 5 may be duplicated, as cases may have been identified as HIV infections that progressed to an AIDS diagnosis in the reporting period.

**Table 4 – HIV, Not Yet AIDS, Infection Reporting Sources, January 1, 2009 – December 31, 2009**

<b>HIV, not Yet AIDS, Reporting Sources</b>	<b>January-June</b>	<b>July-December</b>	<b>Total 2009</b>
Community Organizations	6	4	10
Community Health Clinics	0	0	0
Social Services Agencies	0	0	0
Hospitals	3	1	4
Detention Facilities, not WCHD testing	0	0	0
WCHD - Onsite	3	1	4
WCHD - Offsite	0	2	2
Blood/Blood Products Organizations	0	1	1
Private Medical Doctors	2	5	7
Insurance Companies	0	1	1
<b>Total</b>	<b>14</b>	<b>15</b>	<b>29</b>



**Table 5 – AIDS Diagnosis Reporting Sources, January 1, 2009 – December 31, 2009**

<b>AIDS Reporting Sources</b>	<b>January- June</b>	<b>July- December</b>	<b>Total 2009</b>
Community Organizations	5	8	13
Community Health Clinics	0	0	0
Social Services Agencies	0	0	0
Hospitals	6	4	10
Detention Facilities, not WCDHD testing	0	1	1
WCDHD - Onsite	0	0	0
WCDHD - Offsite	0	0	0
Blood/Blood Products Organizations	0	0	0
Private Medical Doctors	1	0	1
Insurance Companies	0	0	0
<b>Total</b>	<b>12</b>	<b>13</b>	<b>25</b>

Source: eHARS Database, Client Charts for Tables 4-5

### **STD**

Chlamydia, gonorrhea, and syphilis are the reportable STDs, besides HIV, in Washoe County. The Sexual Health Program provides clinical services related to STDs, including testing, examination, and appropriate treatment. In addition, staff process, investigate, and collect data from lab and provider reports of positive, reportable STDs in Washoe County. Tables 6-8 represent the number of infections and demographics of each reported STD.

**Table 6 – Chlamydia Infections Reported, January 1, 2009 – December 31, 2009**

<b>Gender</b>	<b>Reported Chlamydia Cases</b>	<b>New Cases in 2009</b>			
		<b>January-June</b>	<b>July-December</b>	<b>Total</b>	<b>%</b>
<b>Gender</b>	Male	234	238	472	38%
	Female	391	380	771	62%
	<b>Total</b>	<b>625</b>	<b>618</b>	<b>1243</b>	<b>100%</b>
<b>Race/Ethnicity</b>	White	310	305	615	49%
	Black	91	66	157	13%
	Hispanic	165	188	353	28%
	Asian	11	20	31	2%
	American Indian/Alaskan Native	27	21	48	4%
	Pacific Islander	21	18	39	6%
	Other/Not Identified	0	0	0	0%
	<b>Total</b>	<b>625</b>	<b>618</b>	<b>1243</b>	<b>50%</b>
<b>Ages</b>	Ages 0-19	200	195	395	32%
	Ages 20-24	253	249	502	40%
	Ages 25-39	159	160	319	26%
	Ages 40 and over	13	14	27	2%
	<b>Total</b>	<b>625</b>	<b>618</b>	<b>1243</b>	<b>100%</b>

**Table 7 – Gonorrhea Infections Reported, January 1, 2009 – December 31, 2009**

Gender	Reported Gonorrhea Cases	New Cases in 2009			
		January-June	July-December	Total	%
Gender	Male	39	33	72	55%
	Female	34	25	59	45%
	<b>Total</b>	<b>73</b>	<b>58</b>	<b>131</b>	<b>100%</b>
Race/Ethnicity	White	42	30	72	55%
	Black	14	11	25	19%
	Hispanic	7	11	18	14%
	Asian	1	3	4	3%
	American Indian/Alaskan Native	4	1	5	4%
	Pacific Islander	5	2	7	5%
	Other/Not Identified	0	0	0	0%
	<b>Total</b>	<b>73</b>	<b>58</b>	<b>131</b>	<b>100%</b>
Ages	Ages 0-19	15	13	28	21%
	Ages 20-24	19	15	34	26%
	Ages 25-39	28	24	52	40%
	Ages 40 and over	11	6	17	13%
	<b>Total</b>	<b>73</b>	<b>58</b>	<b>131</b>	<b>100%</b>

**Table 8 – Syphilis Infections (All Stages) Reported, January 1, 2009 – December 31, 2009**

Gender	Reported Syphilis Cases	New Cases in 2009			
		January-June	July-December	Total	%
Gender	Male	7	4	11	44%
	Female	10	4	14	56%
	<b>Total</b>	<b>17</b>	<b>8</b>	<b>25</b>	<b>100%</b>
Race/Ethnicity	White	5	3	8	32%
	Black	0	0	0	0%
	Hispanic	6	2	8	32%
	Asian	2	0	2	8%
	American Indian/Alaskan Native	2	1	3	12%
	Pacific Islander	2	2	4	16%
	Other/Not Identified	0	0	0	0%
	<b>Total</b>	<b>17</b>	<b>8</b>	<b>25</b>	<b>100%</b>
Ages	Ages 0-19	0	0	0	0%
	Ages 20-24	2	1	3	12%
	Ages 25-39	5	4	9	36%
	Ages 40 and over	10	3	13	52%
	<b>Total</b>	<b>17</b>	<b>8</b>	<b>25</b>	<b>100%</b>

Source: STD\*MIS Database for Tables 6-8

The following is a breakdown of syphilis cases by stage of infection:

- One (1) case of secondary, one (1) male; and,
- Seven (7) cases of syphilis of latent or unknown duration, three (3) males and four (4) females.

**Table 9 – Male Syphilis Cases (All Stages), January 1, 2009 – December 31, 2009**

<b>Male Syphilis Cases</b>							
		<i>Information about Index Case</i>					
# of Cases	Cases with Partner Information	Total # of HIV+	Total # of HIV-	Total # of HIV Status Unknown	HIV + & MSM	HIV – & MSM	HIV Status Unknown & MSM
11	*Unknown due to STD*MIS database error	1	9	1	1	1	0

Source: STD\*MIS Database

**Table 10 – Females Syphilis Cases (All Stages), January 1, 2009 – December 31, 2009**

<b>Female Syphilis Cases</b>				
		<i>Information about Index Case</i>		
# of Cases	Cases with Partner Information	Total # of HIV +	Total # of HIV -	Total # of HIV Status Unknown
14	*Unknown due to STD*MIS database error	0	11	3

Source: STD\*MIS Database

## PARTNER SERVICES

Partner services are a broad array of services that should be offered to persons with HIV infection, syphilis, gonorrhea, or chlamydial infection and their partners. A critical function of partner services is partner notification, a process through which infected persons are interviewed to elicit information about their partners, who can then be confidentially notified of their possible exposure or potential risk. Other functions of partner services include prevention counseling, testing for HIV and other types of STDs, treatment or linkage to medical care, linkage or referral to other prevention services, and linkage or referral to other services (e.g., reproductive health services, prenatal care, substance abuse treatment, social support, housing assistance, legal services, and mental health services). The rationale for use of partner services is that appropriate use of public health resources to identify infected persons, notify their partners of their possible exposure, and provide infected persons and their partners a range of medical, prevention, and psychosocial services can have positive results including 1) positive behavior changes and reduced infectiousness; 2) decreased STD/HIV transmission;

and 3) reduced STD/HIV incidence and improved public health (Centers for Disease Control and Prevention. Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection. MMWR Early Release 2008; 57. October 30, 2008: p.4).

Disease Intervention Specialists provide surveillance and investigation of reported diseases. From these cases, persons that had sexual, needle-sharing, or other applicable transmission risk with the initial case are investigated. These persons are classified as “contacts.” During the investigations, testing and appropriate treatment is offered to the contacts.

### **HIV/AIDS**

**Table 11 – HIV/AIDS Contact Tracing, January 1, 2009 – December 31, 2009**

<b>Contacts Identified in 2009</b>	<b>January - June</b>	<b>July - December</b>	<b>Total</b>	<b>Cumulative %</b>
Negative Result Male	16	18	34	44%
Positive Result Male	10	7	17	22%
Refused Testing Male	0	0	0	0%
Not yet tested/investigation ongoing Male	2	0	2	3%
Male Contacts who are already HIV Positive	1	3	4	5%
<b>Total Male</b>	<b>29</b>	<b>28</b>	<b>57</b>	<b>73%</b>
Negative Result Female	8	5	13	17%
Positive Result Female	3	3	6	8%
Refused Testing Female	0	0	0	0%
Not yet tested/investigation ongoing Female	1	1	2	3%
Female Contacts who are already HIV Positive	0	0	0	0%
<b>Total Female</b>	<b>12</b>	<b>9</b>	<b>21</b>	<b>27%</b>
<b>Total Contacts</b>	<b>41</b>	<b>37</b>	<b>78</b>	<b>100%</b>
<i>Total Contacts with New, Positive Test Results</i>	<i>13</i>	<i>10</i>	<i>23</i>	<i>29%</i>

Source: eHARS Database, Client Charts

“Not yet tested/investigation ongoing” contacts reported during the first part of 2009 have subsequently been tested.

## **STD**

The total number of partners for chlamydia, gonorrhea, and syphilis are not available for this report. This omission is due to an error in the STD\*MIS database when reports are generated. Follow-up with other STD\*MIS users and the CDC has been established and the error is related to the current version of STD\*MIS utilized.

## **Chlamydia**

**Table 12 – Chlamydia Contact Tracing, January 1, 2009 – December 31, 2009**

<b>Disposition</b>	<b>January – June</b>	<b>July - December</b>	<b>2009 Total</b>	<b>Percent</b>
<b><i>Total Cases</i></b>	625	618	<b>1243</b>	
<b><i>Total Partners*</i></b>				
<b><i>Total Partners Initiated</i></b>	705	717	<b>1422</b>	
<b>New Partners Examined</b>				
Preventive Epi Treatment	168	157	325	49.1%
Refused Preventive Treatment	0	0	0	0.0%
Infected - Treated	142	168	310	46.8%
Infected - Not Treated	1	0	1	0.2%
Not Infected	11	15	26	3.9%
<b><i>Total</i></b>	<b>322</b>	<b>340</b>	<b>662</b>	<b>100.0%</b>
<b>New Partners – No Exam</b>				
Insufficient Information to Begin Investigation	78	84	162	37.2%
Unable to Locate	13	15	28	6.4%
Located – Refused Examination	23	40	63	14.5%
Out of Jurisdiction	30	17	47	10.8%
Other	97	38	135	31.0%
<b><i>Total</i></b>	<b>241</b>	<b>194</b>	<b>435</b>	<b>100.0%</b>
<b>Previous Treatment for this Infection (not counted as new partner)</b>	142	183	325	
*Due to an error in the STD*MIS database, the total number of partners cannot be reported. Analysis related to the total number of partners is not included in this report.				

Source: STD\*MIS Database

## Gonorrhea

**Table 13 – Gonorrhea Contact Tracing, January 1, 2009 – December 31, 2009**

Disposition	January – June	July - December	2009 Total	Percent
<b>Total Cases</b>	73	58	<b>131</b>	
<b>Total Partners*</b>				
<b>Total Partners Initiated</b>	93	53	<b>146</b>	
<b>New Partners Examined</b>				
Preventive Epi Treatment	22	19	41	60.3%
Refused Preventive Treatment	0	0	0	0.0%
Infected - Treated	17	9	26	38.2%
Infected - Not Treated	0	0	0	0.0%
Not Infected	0	1	1	1.5%
<b>Total</b>	<b>39</b>	<b>29</b>	<b>68</b>	<b>100.0%</b>
<b>New Partners – No Exam</b>				
Insufficient Information to Begin Investigation	20	9	29	51.8%
Unable to Locate	3	0	3	5.4%
Located – Refused Examination	4	1	5	8.9%
Out of Jurisdiction	3	1	4	7.1%
Other	13	2	15	26.8%
<b>Total</b>	<b>43</b>	<b>13</b>	<b>56</b>	<b>100.0%</b>
<b>Previous Treatment for this Infection (not counted as new partner)</b>	11	11	22	
*Due to an error in the STD*MIS database, the total number of partners cannot be reported. Analysis related to the total number of partners is not included in this report.				

Source: STD\*MIS Database

## Syphilis

**Table 14 – Syphilis (All Stages) Contact Tracing, January 1, 2009 – December 31, 2009**

Disposition	January – June	July - December	2009 Total	Percent
<b>Total Cases</b>	17	8	25	
<b>Total Partners*</b>				
<b>Total Partners Initiated</b>	13	8	21	
<b>New Partners Examined</b>				
Preventive Epi Treatment	1	1	2	22.2%
Refused Preventive Treatment	0	0	0	0.0%
Infected - Treated	1	0	1	11.1%
Infected - Not Treated	0	0	0	0.0%
Not Infected	3	3	6	66.7%
<b>Total</b>	5	4	9	100.0%
<b>New Partners – No Exam</b>				
Insufficient Information to Begin Investigation	2	1	3	27.3%
Unable to Locate	0	0	0	0.0%
Located – Refused Examination	0	0	0	0.0%
Out of Jurisdiction	3	3	6	54.5%
Other	2	0	2	18.2%
<b>Total</b>	7	4	11	100.0%
<b>Previous Treatment for this Infection (not counted as new partner)</b>	1		1	
*Due to an error in the STD*MIS database, the total number of partners cannot be reported. Analysis related to the total number of partners is not included in this report.				

Source: STD\*MIS Database

## COUNSELING AND TESTING

### HIV

The Washoe County Health District (WCHD) provides Counseling, Testing, and Referral (CTR) services, partner notification, and Comprehensive Risk Counseling Services (CRCS) to the Washoe County population. This includes interviewing new clients, pre and post-test counseling, and working with clients to ensure medical follow-up and treatment/prevention of secondary HIV infection. The WCHD continues to conduct HIV testing and outreach both on-site and off-site.

During 2009, 2,721 HIV antibody tests were reported to the WCHD counseling and testing system that are paid for by WCHD funds and subgrants. There were three (3) positive results, which yields <1% positivity rate. The following represents activities from WCHD funded testing sites reported in the counseling and testing system during the year.

**Table 15 – HIV Counseling and Testing Sites, January 1, 2009 – December 31, 2009**

<b>WCHD HIV Counseling and Testing Sites 2009</b>	<b>January - June</b>		<b>July - December</b>		<b>Total Tests</b>
	<i>Negative Tests</i>	<i>Positive Tests</i>	<i>Negative Tests</i>	<i>Positive Tests</i>	
Detention Facilities, not WCHD	96		81		177
WCHD - Onsite*	618	3	746	2	1369
WCHD - Offsite	574		599	2	1175
Other					0
Test Outcomes	1288	3	1426	4	2721
<b>Total Tests Provided</b>	1291		1430		2721
<b>Test Results Provided to Client</b>	860	3	995	4	1862
<b>Percentage of Test Results Provided</b>	67%	100%	70%	100%	68%

\*There is one more positive reported in this table in the WCHD – Onsite tests during July – December, than included in Table 4. This is due to a retest in the investigation of a case from another reporting source.

Sources: Insight, PEMS

Additional providers offer HIV testing in the community not funded by WCHD, including private medical providers, hospitals, and clinics. Of note, the Northern Nevada Outreach Team (NNOT), Planned Parenthood Mar Monte (PPMM), and Northern Nevada HOPES provide testing to high-risk populations. NNOT reported 361 tests, with four (4) positive tests performed during outreach and special events for the reporting period, resulting in a 1.1% positivity rate.





## **STD**

WCHD provides STD testing through clinics and venues that include the STD clinic, family planning clinic, teen health clinic, adult detention facility, juvenile detention facility, and offsite testing where high-risk populations congregate. These tests are paid for through grant and local funding.

**Table 16 – Total Number of STD Tests Provided, January 1, 2009 – December 31, 2009**

	January- June	July - December	Totals
Chlamydia	2680	2467	5147
Gonorrhea	2680	2467	5147
Syphilis	1155	1254	2409
Total Tests	5485	6188	12703

Source: Nevada State Public Health Laboratory Data

Table 16 data does have limitations. This table reflects the total number of specimens provided to the Nevada State Public Health Laboratory for testing for the time period of January 1, 2009 through December 31, 2009. This data source provides records of the number of tests that are provided at non-WCHD facilities, such as juvenile detention, that are supported by WCHD funds.

## **Infertility Prevention Project**

WCHD participates in the Infertility Prevention Project (IPP) for Region IX. Screening guidelines established by the Region IX IPP provide standards for identifying and preventing STDs that may lead to infertility.

**Table 17 –Chlamydia Tests Provided at Select Venues, January 1, 2009 – December 31, 2009**

<b>Chlamydia</b>					
<b>Provider Type</b>	<b># of Chlamydia Tests</b>		<b># of Positive Tests</b>		<b>Test Used</b>
	<b>Females</b>	<b>Males</b>	<b>Females</b>	<b>Males</b>	Aptima Combo, Genprobe
FP	1517	3	80	0	
STD	959	1213	119	267	
Jail	1517	1517	20	41	
Teen Health Mall	1574	14	135	6	
Juvenile Detention	102	326	9	11	
Totals	5669	3073	363	325	
					Region IX IPP Guidelines

**Table 18 –Gonorrhea Tests Provided at Select Venues, January 1, 2009 – December 31, 2009**

<b>Gonorrhea</b>					
<b>Provider Type</b>	<b># of Gonorrhea Tests</b>		<b># of Positive Tests</b>		<b>Test Used</b>
	<b>Females</b>	<b>Males</b>	<b>Females</b>	<b>Males</b>	Aptima Combo, Genprobe
FP	1524	3	5	0	
STD	989	1279	12	32	
Jail	211	396	5	1	
Teen Health Mall	1579	18	6	2	
Juvenile Detention	101	326	1	2	
Totals	4404	2022	29	37	
					Region IX IPP Guidelines

Source: STIS Database, Insight

Additional IPPdata is available by contacting Sexual Health Program staff.

## OTHER REPORTED GOALS AND OBJECTIVES

### ***HIV PROGRAM GOALS AND OBJECTIVES***

The Washoe County Health District (WCHD) maintains the following Scope of Work for the 2009 calendar year as part of the Nevada Department of Health and Human Services, Health Division (NVHD)'s HIV Prevention Program. These activities and objectives also correspond to the HIV Prevention Program Performance Indicators developed by the Centers for Disease Control and Prevention (CDC). A number of these goals and objectives also satisfy reporting for STD activities reported to the NVHD's STD program.

#### **A. Counseling, Testing, and Referral Services (CTR)**

HIV Counseling, Testing, and Referral (CTR) refers to a collection of activities designed to increase a client's knowledge of his/her HIV serostatus, encourage and support risk reduction, and secure needed referrals for appropriate medical, prevention, and Partner Counseling and Referral Services (PCRS). CTR can be provided in a number of settings using a variety of methods. CTR services provided by the WCHD address four basic requirements: 1) inform clients about HIV transmission routes, the HIV antibody testing process, and the meaning of a positive or negative test result, 2) provide client centered counseling around issues of recognizing one's risk for HIV infection, risk reduction, and the need for testing, 3) if appropriate, test clients using the best available method, and 4) address needs for additional services and provide suitable referrals to meet those needs (CDC's Procedural Guidance for Implementation of Counseling, Testing, and Referral, 2003).

#### **Objectives**

*A.1: Subgrantee will provide 1,500 to 1,700 HIV tests to high-risk individuals in Washoe County.*

During the reporting period, January 1 through December 31, 2009, 2,721 HIV tests were provided to the community by WCHD clinics or funded agencies. This represents 160% of the objective (2721/1700 tests) being met and exceeded. Please refer to Table 15 of this report for further information.

In 2010, WCHD will implement Rapid HIV Testing. By providing this testing technology to the community, WCHD expects an increase in the number of tests provided.

*A.2: The percentage of newly identified, confirmed HIV-positive test results among all tests provided by the subgrantee will be 3% or less.*

This objective was met for January 1 through December 31, 2009, as the percentage of newly identified, confirmed HIV-positive test results among all tests provided by WCHD staff was less than 1%.

*A.3: Subgrantee will return 95% of newly identified, confirmed HIV-positive test results to clients.*

This objective was met and exceeded January 1 through December 31, 2009, as 100% of newly identified, confirmed HIV-positive test results were returned to clients. Please refer to Table 15 of this report for further information.

*A.4: At least 70% of individuals who test for HIV will return to the subgrantee for results and post-test counseling.*

This objective was not met for the reporting period, as 68% of individuals who tested for HIV received their results and post-test counseling. A review of the data indicates that the result rate is increasing. During 2009, the results/post-test counseling rate was 67%, with the second half of the year increasing to 70%. The results returned through the HIV/STD clinic surpassed the goal, with 75% of those tested receiving their results. Results and post-test counseling provided to those who received their HIV test through the jail was a remarkable 82% of the total people tested in the jail. Family planning, the Tuberculosis Clinic, and offsite testing were sites that indicated more challenges in having their clients receive their HIV test results and post-test counseling. Please refer to Table 15 of this report for further information.

The Sexual Health Data Workgroup and Sexual Health Program staff at WCHD continues to assess the rationale for the rate of clients receiving their results. Many structural changes have taken place to streamline process and resources in the program. The most significant change has been the availability of phone results for clients receiving HIV and STD services. Since the implementation of this mechanism, the percentage of results provided has increased, which is expected to continue. Procedures are in place to protect client confidentiality, quality of post-test counseling, and availability of resources. In addition, staff are exploring technologies to provide online results. Formative and process monitoring will continue, including analysis of available data. This will be used to further leverage resources and meet the needs of our clients. Data reminders and training issues are discussed in team meetings and will be addressed with the specific sites that indicate the need for additional support in meeting the objective. The Sexual Health Program will continue to address this objective in order to meet and exceed the national benchmark.

*A.5: Subgrantee will report to the NVHD the number of newly diagnosed HIV infections within the 13-24 age group.*

From January 1, 2009 through December 31, 2009, there were seven (7) newly diagnosed HIV infections reported within the 13-24 age group. Of note, there was also one (1) AIDS diagnosis in the same age group. Please refer to Tables 1-2 of this report.

## **B. Partner Counseling and Referral Services (PCRS)**

HIV Program staff will maintain the following Partner Counseling and Referral Services (PCRS) goals: 1) provide services to HIV-infected persons and their sex and needle-sharing partners so they can avoid infection or, if already infected, can prevent transmission to others and 2) help partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services. Through PCRS, HIV Program staff will inform

persons of their exposure or possible exposure to HIV. Notified partners can choose whether to be tested, and, if not tested or if found to be uninfected, can receive counseling about practicing safer behaviors to avoid future exposure to HIV. If, however, they are found to be infected, they can seek early medical treatment and practice behaviors that help prevent transmission of HIV to others and reduce the risk of becoming infected with other STDs (CDC's HIV Partner Counseling and Referral Services Guidance, 2004).

### Objectives

*B.1: Subgrantee will provide an HIV test to 95% of contacts with unknown or negative serostatus after PCRS notification.*

This objective was met and exceeded for the reporting period of January 1 through December 31, 2009, as 73 of the 74 contacts (99%) of the HIV contacts with unknown or negative serostatus were provided counseling and testing services. One (1) contacts is still being investigated, while three (3) were carried over from the first half of 2009 reporting. Those contacts were subsequently located and tested. Please refer to Table 11 of this report.

*B.2: Subgrantee will provide notification of a positive test result to 95% of contacts with a newly identified, confirmed HIV positive test.*

This objective was met and exceeded for January 1, 2009 through December 31, 2009, as 23 contacts (100%) with a newly identified, confirmed HIV-positive test were provided notification of their test result. Please refer to Table 11 of this report.

*B.3: Subgrantee will report to the NVHD the percent of contacts with a known, confirmed HIV-positive test among all contacts.*

For January 1, 2009 through December 31, 2009, four (4) of the 78 identified contacts had a previous, confirmed HIV positive test result. Please refer to Table 11 of this report.

### **C. Community Planning**

The WCHD will perform community planning activities in accordance with the following goals: 1) increase meaningful community involvement in prevention planning, 2) improve the scientific basis of program decisions, and 3) target resources to those communities at highest risk for HIV transmission/acquisition (CDC's 2006-2008 HIV Prevention Community Planning Guidance).

### Objectives

*C.1: All (100%) of the subgrantee-funded HIV prevention interventions will correspond to priorities specified in the Comprehensive HIV Prevention Plan.*

This objective was met for January 1, 2009 through January 1 through December 31, 2009, as 100% of WCHD-funded prevention interventions/other supporting activities corresponded to the following priorities as specified in the 2006-2008 Comprehensive HIV Prevention Plan:

#### Priority Primary Population

1. HIV Positive Individuals
2. Men Who Have Sex with Men (MSM)
3. Substance Abusers/Users
4. Sexually Active Heterosexuals

*C.2: Biannually, subgrantee will report to the NVHD the number of CPG members representative of the priority populations listed in the Comprehensive HIV Prevention Plan.*

This information is being collected through a new version of the NNPC membership application to ensure a reflection of priorities established through NNPC's Strategic Planning process. Information is provided to NVHD upon request.

*C.3: Subgrantee will provide ongoing support to the Northern Nevada HIV/AIDS/STD Planning Council, including coordination of meeting locations, minutes, and agendas.*

This objective was met for January 1, 2009 through December 31, 2009, as staff provided support and completed all necessary duties related to the NNPC for meetings occurring during the funding period.

Special emphasis was placed on orientation, representation, member recruitment, and collecting data for the Nevada Statewide HIV Prevention Plan, including surveys and focus groups.

*C.4: Subgrantee will participate in the statewide and regional community planning process as described by CDC.*

This objective was met for January 1, 2009 through December 31, 2009, as staff participated and completed all necessary duties related to the statewide and regional community planning process occurring during the funding period.

#### **D. Evaluation**

CDC's Program Evaluation and Monitoring System (PEMS) is data collection software designed for health departments and community based organizations funded by the CDC to deliver HIV prevention services. PEMS will facilitate the collection, reporting, analysis, and interpretation of standardized data regarding HIV prevention service activities. The WCHD will collect process monitoring data as required by PEMS and ensure CDC funded community based organizations collect the required data as well.

#### Objectives

*D.1: Subgrantee will collect process-monitoring data on HIV prevention activities.*

This objective was met for January 1, 2009 through December 31, 2009, as staff continues to collect process-monitoring data. Data on agencies, intervention types, and budget were required for entry into PEMS in May. This deadline was met. Staff continues to build the

Washoe County “instance” of PEMS for CTR and for funded agencies’ data to be entered as staff resources allow.

*D.2: All (100%) of the subgrantee-funded agencies implementing HIV prevention programs will collect process-monitoring data on HIV prevention activities.*

This objective was met for January 1, 2009 through December 31, 2009, as 100% of WCHD-funded agencies implementing HIV prevention programs collected process-monitoring data. The agencies are continuing data entry of the collected process-monitoring data into PEMS, even after the funding period has been completed.

### **E. Health Education and Risk Reduction (HE/RR)**

HIV Program staff conducted health education/risk reduction activities targeted to persons at increased risk of becoming infected with HIV or, if already infected, of transmitting the virus to others. The goal of health education and risk reduction programs is to reduce the risk of these events occurring. Activities are directed to persons whose behaviors or personal circumstances place them at risk. Street and community outreach, risk reduction counseling, prevention case management, and community-level intervention have been identified as successful health education and risk reduction activities (CDC’s Guidelines for Health Education and Risk Reduction Activities, 1995).

#### **Objectives**

*E.1: Subgrantee-funded agencies will ensure that 75% of individual level intervention (ILI) program participants complete the intended number of program sessions.*

Nevada AIDS Foundation (NAF) was funded to provide the ILI, Comprehensive Risk Counseling and Services (CRCS), to high-risk HIV positive and HIV negative individuals for calendar years 2008 and 2009. However, NAF withdrew from their subgrant in May 2009, before any participants were able to complete the intervention.

*E.2: Subgrantee-funded agencies will ensure that 75% of group level intervention (GLI) program participants complete the intended number of program sessions.*

Planned Parenthood MarMonte (PPMM) was funded to provide the GLI, Street Smart, to high-risk youth for calendar years 2008 and 2009. The total number of participants was 121, exceeding the objective of providing the intervention to 96 participants. In addition, 61 youth attended a single session of the intervention on a drop-in basis. The Street Smart curriculum and development allow for drop-in participation.

Sixty-nine (69) youth completed the minimum number of sessions. This data indicates that 57% of participants completed the minimum GLI sessions. However, PPMM did exceed their established objective “60 program participants will complete a minimum of 6 sessions including pre and post test evaluation”.

Modifications to the subgrant between NVHD and WCHD may need to take place to accurately reflect the success of PPMM in meeting their objectives.



*E.3: Subgrantee will provide programmatic support to the Northern Nevada Outreach Team, including coordination of meetings and special events, coordination of outreach activities, and provision of training materials and technical assistance.*

This objective was met for January 1, 2009 through December 31, 2009, as NNOT meetings were held on a regular basis during this time. Volunteer recruitment/retention, special event planning, community outreach/education, and training of NNOT members have been the focus. Community outreach and educational services, non-traditional venue HIV testing, and social marketing efforts have been expanded throughout the community by NNOT.

NNOT has provided 361 HIV tests to the community from January 1, 2009 through December 31, 2009 with 4 positive HIV test results.

NNOT received its 501(c)3 non-profit organization status in September 2009. WCHD staff now participates as a member and provides programmatic support through trainings and technical assistance.

#### **F. Health Communications/Public Information (HC/PI)**

HIV Program staff conducts health communication/public information (HC/PI) activities targeted to persons at increased risk of becoming infected with HIV. HC/PI is the delivery of planned HIV/AIDS prevention messages through one or more channels to target audiences to build general support for safe behavior, support personal risk-reduction efforts, and/or inform persons at risk for infection how to obtain specific services.

##### **Objectives**

*F.1: Subgrantee will provide HIV/STD prevention messages to 5,000 Washoe County community members through social marketing campaigns.*

This objective was met and exceeded for January 1, 2009 through December 31, 2009.

*Print: 4,166,700 duplicate impressions*

Forty-three (43) print ads were published in the Reno News and Review (RNR): 8 GYT (Get Your Test) Campaign focusing on HIV/STD testing opportunities, 20 focusing on HIV/STD Prevention and Special Events, and 15 focusing on HIV Surveillance. Ten (10) of the HIV Surveillance print ads were funded by an outside funding source.

RNR reports total weekly cumulative readership at 96,900. Therefore, the 43 print ads could have made **4,166,700 duplicate impressions** during the reporting period.

*Online: 5,794,921 duplicate impressions*

One (1) online ad was placed on Reno News and Review ([www.newsreview.com](http://www.newsreview.com)) for 11 weeks with a reach of 10,000 per week. Therefore, the online ad could have made **110,000 duplicate impressions** during the reporting period.

One (1) online GYT ad, promoting HIV/STD testing, was placed on Reno Passport ([www.renopassport.com](http://www.renopassport.com)) for one month. One month of our online ad could have made **15,000 duplicate impressions** during the reporting period.

Two (2) rotating online GYT ads, promoting HIV/STD testing, were placed on MySpace ([www.myspace.com](http://www.myspace.com)) for six weeks. These ads are estimated to have made **925,672 duplicate impressions** during the reporting period.

Two (2) rotating online GYT ads, promoting HIV/STD testing, were placed on Facebook ([www.facebook.com](http://www.facebook.com)) for six weeks. These ads are estimated to have made **4,744,124 duplicate impressions** during the reporting period.

*Television: 387,234 duplicate impressions*

Two (2) rotating GYT television ads, promoting HIV/STD testing were placed on broadcast and cable television for six weeks. These ads are estimated to have made **387,234 duplicate impressions** during the reporting period.

*F.2: Subgrantee will provide HIV/STD prevention messages to 1,000 Washoe County community members through presentations and exhibits.*

This objective was met and exceeded for January 1, 2009 through December 31, 2009. In total, 7,345 Washoe County community members were reached through community presentations, exhibits, and special events.

*F.3: Subgrantee will coordinate activities surrounding five HIV/STD-related special events in the Washoe County community.*

This objective was met and exceeded for January 1, 2009 through December 31, 2009. In total, eight (8) HIV/STD-related special events were coordinated and conducted in the local Washoe County community. Activities included events surrounding National Condom Awareness Week, National STD Awareness Month, Cinco de Mayo, 2009 AIDS Candlelight Memorial, and National HIV Testing Day, ArtPop Fashion Show, Gay Pride, and World AIDS Day.

*F.4: Subgrantee will coordinate six HIV/STD-related professional development opportunities for Washoe County community members.*

This objective was met and exceeded for January 1, 2009 through December 31, 2009. Please refer to Table 17 for a listing of professional development and technical assistance opportunities that were made available.

## **G. Comprehensive Risk Counseling and Services (CRCS)**

HIV Comprehensive Risk Counseling and Services (CRCS) is a client-centered prevention activity, which assists HIV seropositive and seronegative persons in adopting risk-reduction

behaviors. CRCS is intended for persons having or likely to have difficulty initiating or sustaining practices that reduce or prevent HIV transmission and acquisition. The WCHD will provide components of CRCS as an intensive one-on-one prevention counseling and support. In addition, these activities will provide assistance in accessing needed medical, psychological, and social services that affect clients' health and ability to change HIV-related risk-taking behavior. The WCHD will provide CRCS when an individual is diagnosed with HIV and a Disease Intervention Specialist will meet with the newly infected individual at the time the individual is notified of his/her positive status and then as needed. A formal, ongoing CRCS program is not implemented at this time.

### Objectives

*G.1: Subgrantee will ensure that 95% of confirmed HIV-positive clients complete one CRCS program session.*

This objective was met for January 1, 2009 through December 31, 2009, as 100% of newly identified, HIV-positive individuals received at least one CRCS session.

### H. Fiscal Agent

The WCHD will act as the fiscal agent/grantor of CDC HIV prevention funds and disburse funds to community-based organizations in Northern Nevada through a Request for Applications (RFA) process.

### Objectives

*H.1: Subgrantee will conduct all duties related to the fiscal agent role, including programmatic and fiscal monitoring, and technical assistance and training.*

This objective was met for January 1, 2009 through December 31, 2009, as staff collaborated with the WCHD Administrative Health Services to coordinate and implement all duties related to the role of fiscal agent for CDC HIV Prevention Services funds. During 2009, the following activities were conducted through this inter-divisional collaboration:

- Requests for Reimbursement were processed;
- Budget monitoring was conducted;
- Education was provided to the community on the role of the funding and services by the fiscal agent and funded agencies at NNPC and other community meetings;
- Progress reports were received from the funded agencies and written responses were provided, or are in progress;
- Staff transition occurred (including orientation, training, and planning);
- Ongoing programmatic and fiscal technical assistance was provided to funded agencies (i.e. skill training, evaluation, intervention fidelity, PEMS, participant recruitment and retention);
- The RFA process was developed and culminated in executing two (2) contracts with community-based organizations for CY 2010-2011;
- Site-visits were conducted at currently funded agencies and written reports were provided, or are in progress; and
- Staff continues to develop a written fiscal agent policy and procedure.

*H.2: By December 31, 2009, subgrantee will coordinate one competitive Request for Applications (RFA) process for HIV Prevention Services funds, including application solicitation, technical and objective reviews, and subcontract negotiations.*

During the reporting period, the following milestones were completed:

- Data driven development of the RFA that included evaluation of previous RFAs, community planning activities, program and community needs and gaps, and a commitment to reaching populations at highest risk for infection and transmission in the jurisdiction;
- Community review of the RFA and the process through collaboration with NNPC and NVHD;
- Approval of the RFA through internal and external review by Washoe County Risk Management, Washoe County District Attorney, NVHD, and NNPC;
- Advertising of the RFA and solicitation of proposals through vast networking and advertising placement;
- Received five (5) applications for funding;
- Coordination of a technical review committee and objective Grant Review Committee (GRC) whose membership reflected expertise in the areas of evidence based intervention participation and implementation, service to and members of target populations (communities of color, MSM, HIV+, co-infection), grants management, community building, non-profit management, and the community planning process;
- Facilitated the grant review process including meeting of the GRC, score compilation, development of the strengths and weaknesses of each proposal, and recommendations of the GRC for funding and program development;
- Navigated contracts through the approval process of the District Board of Health, the Washoe County Board of Commissioners, and Washoe County internal processes, and;
- Executed contracts with Planned Parenthood MarMonte and Nevada Hispanic Services to provide the Street Smart and VOCES evidence-based interventions respectively.

## **I. Reporting**

### **Objectives**

*I.1: Subgrantee will submit biannual Progress Reports to the NVHD that will include HIV surveillance data and technical assistance tracking; reports will be submitted 30 days following each six-month reporting period.*

This objective has been met for calendar year 2009 activities.

## **STD PROGRAM GOALS AND OBJECTIVES**

Additional data is reported to NVHD's STD program related to STD disparities, testing, outreach and program activities. Funding does not support outreach and education activities through the indirect CDC STD funding stream. The following are WCHD's activities pertinent to NVHD's STD Program reporting:

### **Goal: Reduce gonorrhea among Black non-Hispanics.**

*Objective: By December 31, 2009, reduce the rate of gonorrhea per 100,000 population for Black, non-Hispanics.*

All STD prevention services provided by WCHD staff target the general population, including Black, non-Hispanic persons. Street outreach, prevention education, and referrals are provided to areas with high concentrations of Black, non-Hispanic persons. Additionally, WCHD staff provided education, outreach, and testing at a minority health fair and a faith-based event held at a predominantly African American church during the reporting period. WCHD continues to work with community partners to increase the awareness of and access to sexual health services by African Americans.

### **Goal: Increase STD awareness and knowledge of STD prevention through individual and community-level interventions.**

*Please describe the STD prevention services you have provided to raise STD awareness and stimulate individual risk reduction behaviors and the total number of persons reached through your services.*

Social marketing and media outreach was utilized throughout the reporting period to raise awareness about STD prevention services, including HIV. A large emphasis was placed on the advertising of STD prevention services and testing throughout National STD Awareness Month (April). This effort included 2 -- (1/4 page) full color ads in the Reno News and Review, which reports a total weekly cumulative readership of 96,900. Therefore, these ads could have made a total of 193,800 duplicate impressions throughout the reporting period.

In addition, STD testing (chlamydia, gonorrhea, syphilis, and HIV) was conducted during the reporting period at special off-site locations including Steve's Bathhouse, Community Resource Center, Northern Nevada Adult Mental Health Services, Latino Pride, Nevada Hispanic Services, and Grand Sierra Resort. STD testing was also scheduled on a weekly basis throughout April on our advertised community HIV/STD testing line.

*Objective: By December 31, 2009, make condoms and other risk reduction material available at local community-based organizations (CBOs) and community clinics throughout Nevada.*

WCHD staff partners with the Northern Nevada Outreach Team, a collaborative of HIV/STD prevention CBOs and volunteers, to deliver condoms, brochures, and other risk reduction materials on a weekly basis to more than 15 locations throughout the community. WCHD staff also participates in street outreach, health fairs, and community events to distribute condoms

and risk reduction materials. Risk reduction supplies are also available through the WCHD clinics (HIV/STD, Family Planning, and Tuberculosis) and to substance abuse treatment programs.

*Objective: By December 31, 2009, provide STD/HIV prevention messages through the internet.*

The Northern Nevada Outreach Team provides HIV/STD prevention messages through the internet. These messages include advertisements and outreach profiles on manhunt.net, gay.com, and myspace.com. In addition, HIV/STD testing and resource information is listed on the following websites: washoecounty.us/health, hivtest.org, manhuntcares.com, and myspace.com/turnonreno.

**Goal: Continue to improve access to STD testing and laboratory services in Nevada.**

*Objective: By December 31, 2009, increase STD testing opportunities in non-traditional settings.*

STD testing was conducted during the reporting period at non-traditional locations including Washoe County Jail, Jan Evans Detention Center, Steve's Bathhouse, Community Resource Center, Northern Nevada Adult Mental Health Services, Latino Pride, Nevada Hispanic Services, Nevada AIDS Foundation, and Grand Sierra Resort. STD testing was also scheduled on a weekly basis on our advertised community HIV/STD testing line.

**Goal: Increase partner services provided through the internet.**

*Objective: By December 31, 2009, increase the use of internet-based partner services.*

WCHD currently does not utilize the internet to provide partner services. However, WCHD staff has conducted surveys and research to determine the feasibility of internet-based partner services in the future.

**Goal: Provide opportunities for training and staff development.**

*Objective: By December 31, 2009, staff from the local health authorities and the NVHD will attend a national STD conference or training.*

WCHD staff have not participated in any national STD-related conferences during the reporting period. However, staff have participated in Region IX IPP meetings, local and internal trainings, opportunities provided through the University of Nevada School of Medicine's AIDS Education and Training Center, and web-based, satellite, and other distance continuing education opportunities.

**Goal: Improve local health care providers' knowledge of STD prevention, screening, and treatment guidelines and increase provider reporting.**

*Objective: By December 31, 2009, complete provider visitations, increase training opportunities for providers and increase STD data dissemination to providers to increase knowledge of STD prevention, screening, treatment, and reporting requirements.*

During the reporting period, WCHD has opened web-based and satellite trainings to community providers. In addition, a technical bulletin provides quarterly disease morbidity data to providers. Please refer to Table 19 for details.

## TECHNICAL ASSISTANCE & TRAINING

**Table 19 – Technical Assistance and Training Opportunities**

<b>January 1 – December 31, 2009</b>			
<b><i>T/A and Training Offered</i></b>	<b><i>Provided By</i></b>	<b><i>Invitees</i></b>	<b><i>Attendees</i></b>
4th Wednesdays of each month, Ongoing, NNOT Meetings	Gerold Dermid	NNOT Members	NNOT Members
4 <sup>th</sup> Wednesdays of every other month, Ongoing, NNPC Meetings and committees	Gerold Dermid and NNPC Co-Chairs	NNPC Members	NNPC Members
Statewide Community Planning, Ongoing			Jennifer Howell, NNPC members, Southern Nevada CPG members, NVHD staff
Ongoing: 2009 AIDS Candlelight Memorial Planning Meetings	Gerold Dermid	NNOT Members and Community Members	NNOT Members and Community Members
Ongoing UNSOM Residency Orientation	Jennifer Howell Cory Sobrio Kathy Hong Gloria Laxamana	UNSOM Residents	UNSOM Residents
Ongoing: National Council of STD Directors' Program Operations Workgroup	National Council of STD Directors'	Steve Kutz	Steve Kutz
Ongoing: Nevada Hepatitis Advisory Committee	NVHD	Jennifer Howell Denise Stokich	Jennifer Howell Denise Stokich
Ongoing: PEMS Technical Assistance	Jennifer Howell Jessica Cabrales	Nevada AIDS Foundation Planned Parenthood MarMonte	Nevada AIDS Foundation Planned Parenthood MarMonte
Ongoing: Fiscal Agent Technical Assistance	Jennifer Howell Jessica Cabrales Patsy Buxton		2009 Funded Agencies RFA Applicants
Ongoing: NACCHO HIV/STI Prevention Sentinel Network	National Association of County and City Health Officials	Jennifer Howell	Jennifer Howell
Ongoing: Region IX IPP Conference	Region IX IPP	Stacy Hardie Steve Kutz	Stacy Hardie Steve Kutz
Ongoing: Quarterly Kids Kottage Staff Training	Bill Mullen Frontline	Kids Kottage staff	Kids Kottage staff
Ongoing: Quarterly Nevada Hispanic Services SAMHSA Project Advisory Group	Nevada Hispanic Services	Jennifer Stoll-Hadayia Gerold Dermid	Jennifer Stoll-Hadayia Gerold Dermid
Ongoing: Weekly April – May 2009, 2009 AIDS Candlelight Memorial Planning Meetings	Gerold Dermid	NNOT Members and Community Members	NNOT Members and Community Members



<b>January 1 – December 31, 2009</b>			
<b><i>T/A and Training Offered</i></b>	<b><i>Provided By</i></b>	<b><i>Invitees</i></b>	<b><i>Attendees</i></b>
Ongoing, Weekly, June – July 2009, ArtPop Fashion Show Planning Meetings	Gerold Dermid	NNOT Members and Community Members	NNOT Members and Community Members
January 21, 2009 Human Trafficking Audioconference	Jennifer Howell Center for Health Training	WCHD NNPC Regional Street Enforcement Team	WCHD NNPC WCHD
February 5, 2009 OraSure/Client Centered Counseling/Risk Reduction Training	Gerold Dermid	NNOT Members and Volunteers	NNOT Members and Volunteers
February 12 -- 13, 2009 Rediscover NNPC: Orientation and Training	US-Mexico Border Health Association	NNPC Members	NNPC Members
February 14, 2009 OraSure/Client Centered Counseling/Risk Reduction Training	Gerold Dermid	NNOT Members and Volunteers	NNOT Members and Volunteers
February 18, 2009 OraSure/Client Centered Counseling/Risk Reduction Training	Gerold Dermid	NNOT Members and Volunteers	NNOT Members and Volunteers
March 3, 2009 HIV/STDs 101, UNR Class Presentation	Gerold Dermid	UNR Students	UNR Students
March 5, 2009 OraSure/Client Centered Counseling/Risk Reduction Training	Gerold Dermid	NNOT Members and Volunteers	NNOT Members and Volunteers
March 13, 2009 NNOT Strategic Planning and Training	Gerold Dermid, Jennifer Stoll-Hadayia	NNOT Members	NNOT Members
April 7, 2009 Human Sexuality - UNR	Jennifer Howell	Class participants	Class participants
April 16, 2009 American Red Cross HIV/AIDS 101	Gerold Dermid, Lyell Collins	Nevada State Health Division Staff	Nevada State Health Division Staff
May 27, 2009 Focus Group Facilitation Training	Gerold Dermid, Kristen Clements-Nolle	NNPC Members and UNR Students	NNPC Members and UNR Students
September 8, 2009 HIV/STDs 101, UNR Class Presentation	Gerold Dermid	UNR Students	UNR Students
September 14, 2009 HIV/STDs 101, UNR Class Presentation	Gerold Dermid	UNR Students	UNR Students
September 16, 2009 HIV/STDs 101, UNR Class Presentation	Gerold Dermid	UNR Students	UNR Students
September 29, 2009 HIV/STDs 101, SNC Class Presentation	Gerold Dermid	SNC Students	SNC Students
December 2 – 4, 2009 Harm Reduction Conference	Harm Reduction Coalition	NNOT Members and Community Members	NNOT Members and Community Members